L	FAIG	NI APPLIÇA E	EC	10/534849								
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL EN	mr	OF		R THAN ENTITY
U.S. NATIONAL STAGE FEES							1	RATE	FEE	7	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LAF	IGE.ENT. = \$ 300	1	BASIC FEE	_		BASIC FEE	13/1
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50/\$100			other situations = \$ 100 / \$ 200	1	EXAM FEE	 	1	EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$ 50/\$ 100 ALL other countries = \$ 200/\$ 400		All	other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =	1	.X \$ 125 =	† -	1	X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			minus 20 = .			_5		X \$ 25 =	<u> </u>	OR	X \$ 50 =	
INDEPENDENT CLAIMS			# minus 3 = .		•	./		X \$ 100 =		OR	X \$ 200 =	17/1
MU	LTIPLE DEPEN	IDENT CLAIM PR	ESENT			P		+ \$ 180 =		OR	+ \$ 360 =	360
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL		OR	TOTAL	TYGAT
	<u></u>	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						SMALL E		OR	OTHER SMALL I	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		5		X \$ 25 =		OR	X \$ 50 =	
	Independent	<u> </u>	Minus	***		3	Ŀ	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	+ \$ 180 =		OR	+ \$ 360 =	
			•				. 7	FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	•	(Calum:	n 2)	(Column 3)						
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		8	Γ	X \$ 25 =		OR	X \$ 50 =	
ME	Independent	•	Minus	***		=	Γ	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESI	ENTATION OF MI	JLTIPLE DEPE	NDENT CL	AIM		Ī	+ \$ 180 =		OR	+ \$ 360 =	
							T	OTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
!	the "Highest Nur the "Highest Nur	nn 1 is less than the nber Previously Paid nber Previously Paid ber Previously Paid I	For IN THIS SPA	ACE is less ti ACE is less ti	nan '20'	, enter "20". enter "3"	I the a	ippropriate box i	n column 1.			

FORM PTO-875 (Rev. 02/2005)

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